## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/549,798

| CLAIMS AS FILED - PART I   |          |   |                |   |  |                                |                | SMALL ENTITY |                    |                   |              | OTH                 | ER THAN                |
|--|----------|---|----------------|---|--|--------------------------------|----------------|--------------|--------------------|-------------------|--------------|---------------------|------------------------|
|  |          |   | (0             | Column 1)   | (                                      | (Column 2)                     |                | TYPE         | ι                  |                   | C            |                     | LL ENTIT               |
| J.S. NA  | ATION    | AL STAGE FEE                                    | S              |   |  |                                | į              | RAT          |                    | FEE               |              | RATE                | FE                     |
| BASIC FEE  |          |   | SMALI          | L ENT. = \$ 150   | LARGE ENT = \$ 300                     |                                | 300            | BASIC FE     |                    |                   | $\neg \circ$ | R BASIC FEE         | 3                      |
| EXAMINATION FEE  |          |   |                | PCT Article 33(1)-<br>\$ 50 / \$ 100                    | All other situations = \$ 100 / \$ 200 |                                | , =            | EXAM. FE     |                    |                   |              | EXAM. FEE           |                        |
| SEARCH FEE   |          |   | ALL oth        | A = \$50/\$100<br>er countries =<br>00/\$400            |  | ner situations<br>250 / \$ 500 | =              | SEARCH F     | EE                 |                   |              | SEARCH FE           |                        |
| FEE FOR EXTRA SPEC. PGS.   |          |   |                | minus 100 =   |  | / 50 =                         |                | X \$ 125     | =                  |                   | 7            | X \$ 250            | =                      |
| OTAL C   | HARGE    | ABLE CLAIMS                                     | 14             | minus 20 =  | •                                      |                                |                | X \$ 25      | =                  |                   | OF           | ₹ X \$ 50 =         | =                      |
| DEPEN  | DENT (   | CLAIMS  | 12             | / minus 3 =   |  |                                |                | X \$ 100     | = -                |                   | OF           | X \$ 200            | =                      |
| JLTIPLE  | E DEPE   | NDENT CLAIM I                                   | PRESENT        |   |  |                                |                | + \$ 180     | =                  |                   | OF           | + \$ 360 :          | =                      |
| If the d   | ifferend | ce in column 1                                  | is less than a | zero, enter "0"   | in colu                                | ımn 2                          |                | TOTAL        |                    |                   | OR           | TOTAL               | 901                    |
|  |          | CLAIMS AS<br>(Column 1)                         | S AMENDI       | (Columr   | 1 2)                                   | (Column 3                      | 3)             | SMALE        | . ENTI             | ΓΥ                | OR           |                     | R THAN<br>ENTITY       |
|  |          | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                | HIGHES<br>NUMBE<br>PREVIOUS<br>PAID FO                  | R<br>SLY                               | PRESENT<br>EXTRA               |                | RATE         | TIC                | DDI-<br>NAL<br>EE |              | RATE                | ADDI-<br>TIONAI<br>FEE |
| Total  |          | •   | Minus          | ••  | =                                      |                                |                | X \$ 25 =    |                    |                   | OR           | X \$ 50 =           |                        |
| Indepe   | endent   | *   | Minus          | 444   | =                                      |                                |                | X \$ 100 =   |                    |                   | OR           | X \$ 200 =          |                        |
| AMENDMENT PAID FOR  Total Minus =  Independent Minus =  FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |          |   |                |   |  |                                | + \$ 180 =     |              |                    | OR                | + \$ 360 =   |                     |                        |
|  |          |   | -              |   |  |                                |                | TOTAL ADDIT  |                    |                   | OR           | TOTAL ADDIT.<br>FEE |                        |
|  |          |   |                |   | . ,                                    | 0.4 0)                         |                |              |                    |                   |              | •                   |                        |
|  |          | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |                | (Column 2<br>HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR | Y                                      | PRESENT<br>EXTRA               |                | RATE         | ADC<br>TION<br>FEI | AL                |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| rotal .  |          | *   | Minus          | **  | =                                      |                                | 1 [            | X \$ 25 =    |                    |                   | OR           | X \$ 50 =           |                        |
|  | dent '   | 4   | Minus          | 444   | =                                      |                                | 1              | X \$ 100 =   |                    | $\neg$            | OR           | X \$ 200 =          |                        |
| ndeperk  |          | NTATION OF M                                    | ULTIPLE DEP    | ENDENT CLAI   | M                                      |                                |                | + \$ 180 =   |                    | $\neg$            | OR           | + \$ 360 =          |                        |
|  | PRESE    |   |                |   |  |                                | ' <del>-</del> | OTAL ADDIT.  |                    |                   |              | OTAL ADDIT.         |                        |

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